

# Data Challenges: Primary Care Workforce

Kristin Juliar, Director  
Montana Office of Rural Health and Area Health Education Center

## Healthcare Workforce Strategic Plan

- Higher Education, Department of Labor, Department of Health and Human Services, healthcare representatives, professional groups, rural representatives, consumer groups
- Collaborative effort to identify and create strategies
- Staff: Montana AHEC and Office of Rural Health

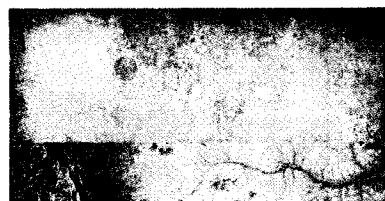


## Key Issues

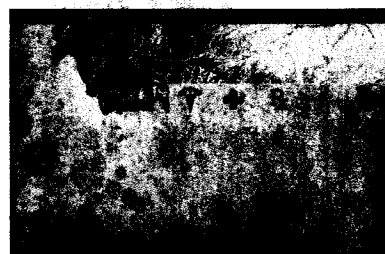
- Much of Montana is short of health professionals, particularly in rural and frontier communities
- Health professionals are retiring at a time when demand is going up due to aging of the population
- Demand for Primary Care providers (Physicians, Nurse Practitioners and Physician Assistants) remains high and will continue to increase
- Many of our health professionals cannot be educated in Montana due to limited enrollments in the WWAMI Medical School program and lack of programs in many professions (e.g. oral and allied health)
- MT ranks 50<sup>th</sup> in the nation for residency slots
- A “grow your own” strategy is the best way to build a workforce for rural and frontier Montana

## Healthcare Workforce Strategic Plan

- Nearly every healthcare professions workgroup has need for consistent and reliable workforce data
- Data needed to help address supply, demand and maldistribution issues
- Priority issue for MT Healthcare Workforce Advisory Committee



MONTANA HEALTHCARE WORKFORCE  
STATEWIDE STRATEGIC PLAN



## Workforce Data

- Data Sources (examples):
  - State licensing and renewal data
  - Bureau of Labor Statistics
  - Education institutions
  - Surveys (Department of Health and Human Services—Primary Care Office)
  - AMA Physician Masterfile
- Each source has positive points as well as shortcomings....

## State Licensure Data

- “live” database—number of professionals may change often depending on when license renewal application is due
- Based on where professional lives, not where they work
- Includes all persons who hold license, whether they work or not, and whether they provide clinical services or not (i.e. retired physicians, or nurses that work in administrative positions vs. clinical)
- Every licensure board asks different questions at time of renewal

## Other Data Sources

- **Occupational Employment Statistics**
  - Estimates of persons employed (national, state, metro areas)
  - Does not include self-employed (dentists, for example, are under-represented)
- **Professional Associations**
  - Does not represent every single practicing professional in area, only those who are members of organization
  - Self-reported information for area of specialty may be inaccurate
- **Quarterly Census on Employment and Wages**
  - Derived from unemployment insurance data
  - Indicates monthly employment levels in total, but does not differentiate specific occupations

## Physician Workforce

### Demographics (from Montana Medical Association data)

- Family Medicine physicians make up 22.5% of all Montana physicians
- Primary Care physicians: 38% female, 62% male
- Average age of all physicians is 51
- Primary Care physicians average age is 50.5
  - Family Medicine—49.5
  - General Practice—58
  - Internal Medicine—51.7
  - Pediatrics—50.2

## Primary Care Access

(from Montana Medical Association data)

- 12 counties have no practicing Primary Care physicians
  - Carter
  - Garfield
  - Golden Valley
  - Granite
  - Judith Basin
  - McCone
  - Meagher
  - Musselshell
  - Petroleum
  - Powder River
  - Treasure
  - Wibaux
- 20,370 Montanans (or about 2% of total population) have no access to primary care within their counties.

## Conclusions

(or areas for further discussion?)

- Reliable healthcare workforce data collection is challenging-- different sources have differing focus, resources, missions
- Data-driven state-level analysis is needed to address supply, demand, and maldistribution of the healthcare provider workforce; to justify funding requests; and to evaluate success of existing programs
- How can we compare workforce across other states?
- How can we compare across professions?
- How do we best develop our data resources?
  - Mandatory (legislated) vs. voluntary
  - Nationally recognized minimum-data-sets

## Stay tuned....

Please contact:

Kristin Juliar, Director

MT Office of Rural Health/Area Health Education Center

406-994-6002

[kjuliar@montana.edu](mailto:kjuliar@montana.edu)



Office of Rural Health  
Area Health  
Education Center

Thank you!